



NCSBN

Leading Regulatory Excellence

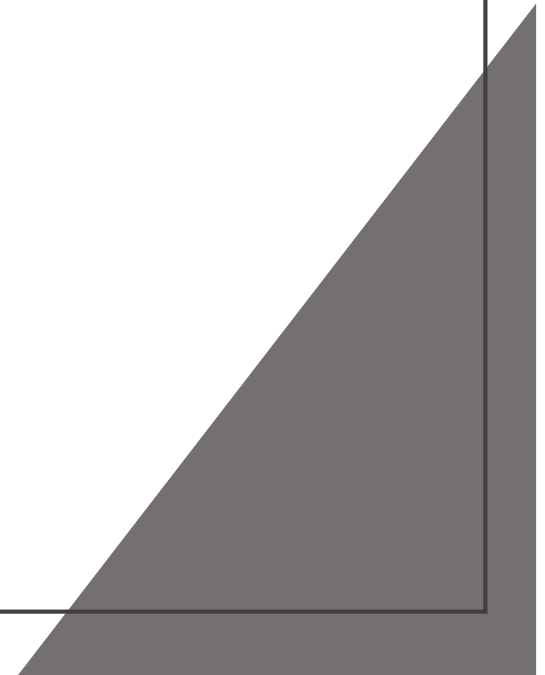
NCSBN Environmental Scan 2022

Maryann Alexander, PhD, RN, FAAN

Chief Officer, Nursing Regulation

National Council of State Boards of Nursing

A National Portrait of the Nursing Workforce





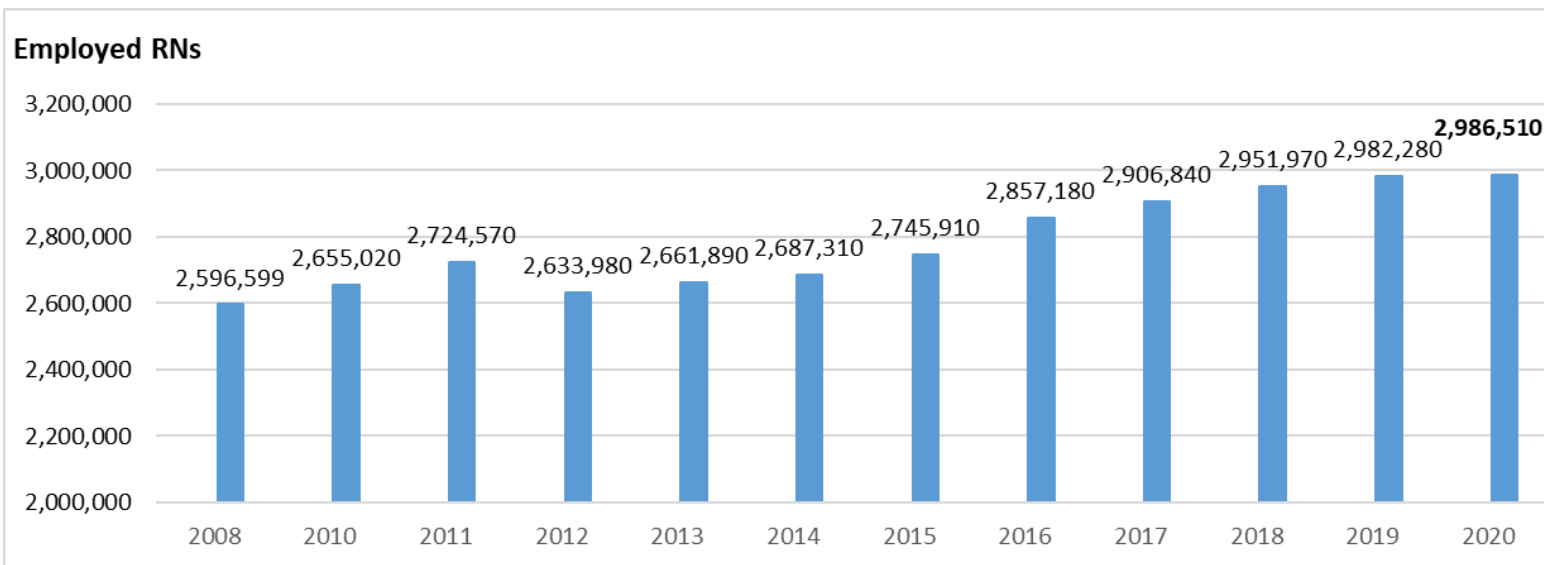
The National Nursing Database (1-29-2022)

- Total Number of Registered and Practical Nurses: 5,157,582
- Total Number of Registered Nurses: 4,309,754
- Total Number of Practical Nurses: 902,804



The RN Workforce

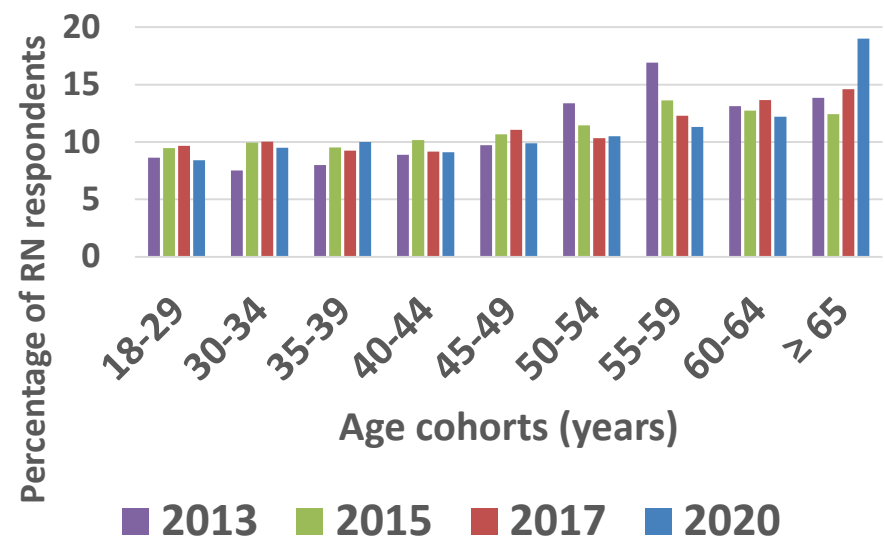
RN Workforce



Age

- Median Age = 52 ... a decrease of a year over the 2017 median
- Almost 20% of RNs are age 65 or older
- 22.1% of employed RNs indicated that they plan to retire or leave nursing in the next five years
- In 2020, a little over 220,000 candidates passed the RN exam.

2020 Age Distribution - RNs



March 2020

22% of Nurses
planning on
retiring (NCSBN,
2021)

Understaffing
(Lasater, et, al)



COVID-19

Hospitals at capacity limits

Restriction of family members

Contagious illness

Stress and burn out

COVID-19 Executive Orders

Waived state licensure requirements to practice telehealth

Waived state licensure to practice in the state

Waived the NCLEX requirement for one year and granted a permanent license

Waived APRN collaborative practice agreement requirements

Regulatory Solutions

Nurse Licensure Compact



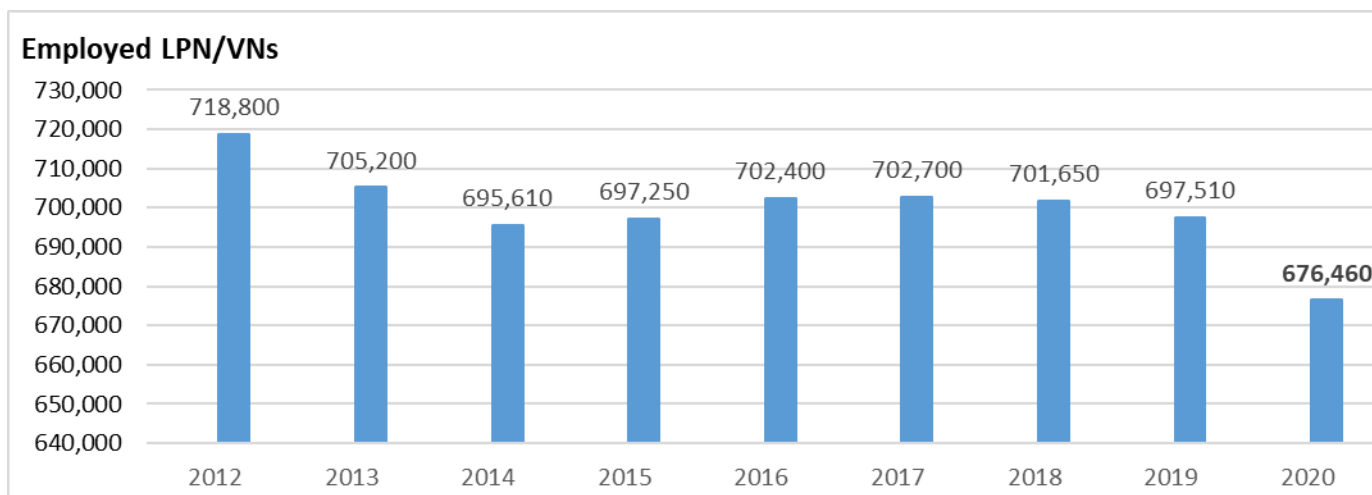
The APRN Compact



One multistate license obtained
in the state of residency

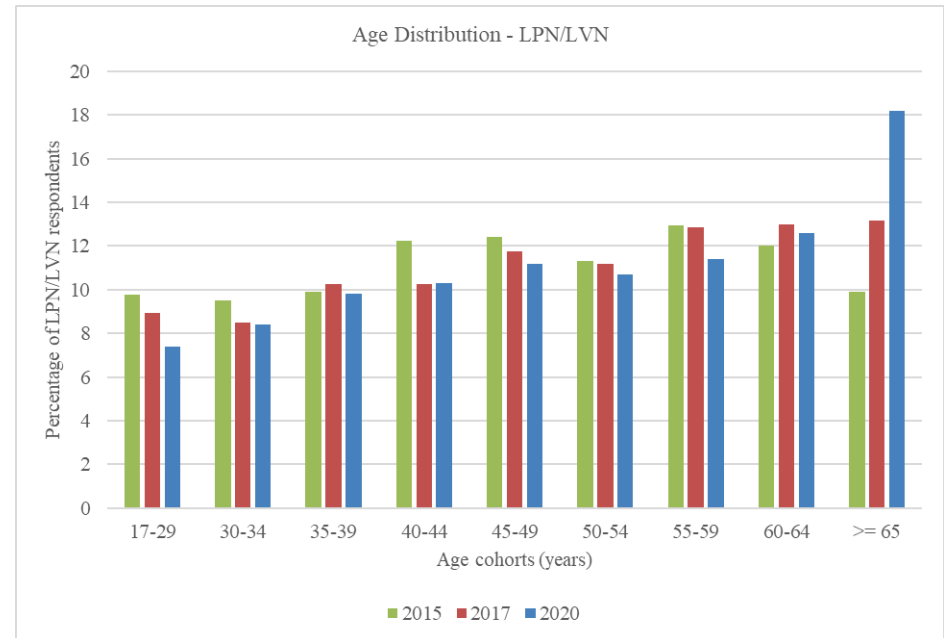
Licensed Practical/ Vocational Nurse Results

LPN Workforce



Age

- Median Age = 53 ... a decrease of a year from the 2017 median
- LPNs/LVNs who are age 65 or older account for 18.2% of the workforce
- In 2020, a little over 60,000 candidates passed the LPN/LVN exam.



LPNs

Mainstay of long-term care and home health



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graph TD; A[Mainstay of long-term care and home health] --> B[Shift in work settings]; B --> C[Fewer LPN programs]; C --> D[18% are 65 or older]; D --> E[Population is growing older];
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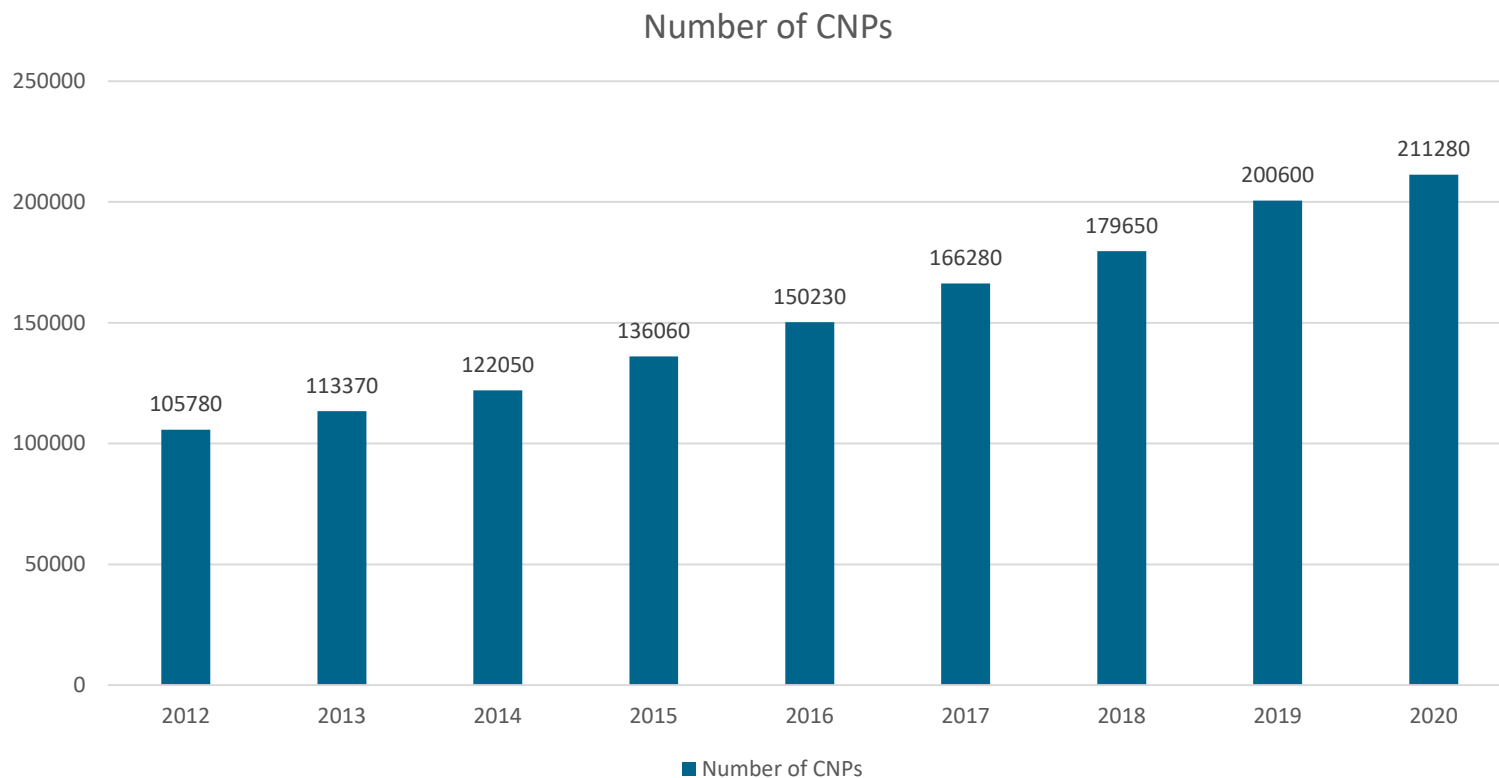
Shift in work settings

Fewer LPN programs

18% are 65 or older

Population is growing older

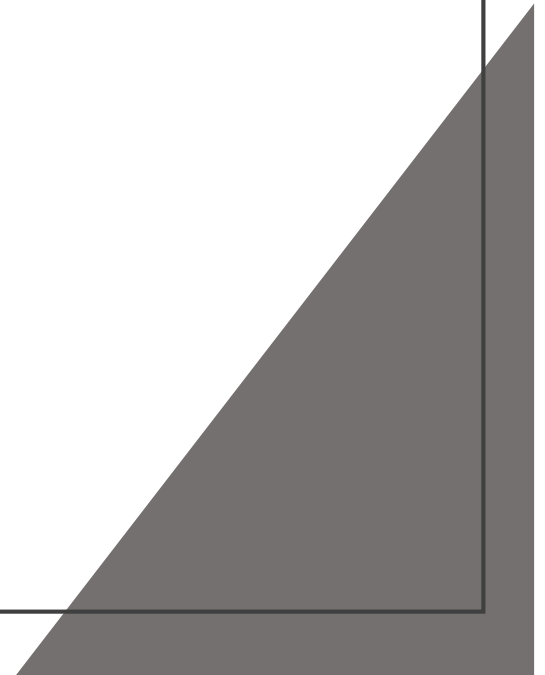
NP Workforce



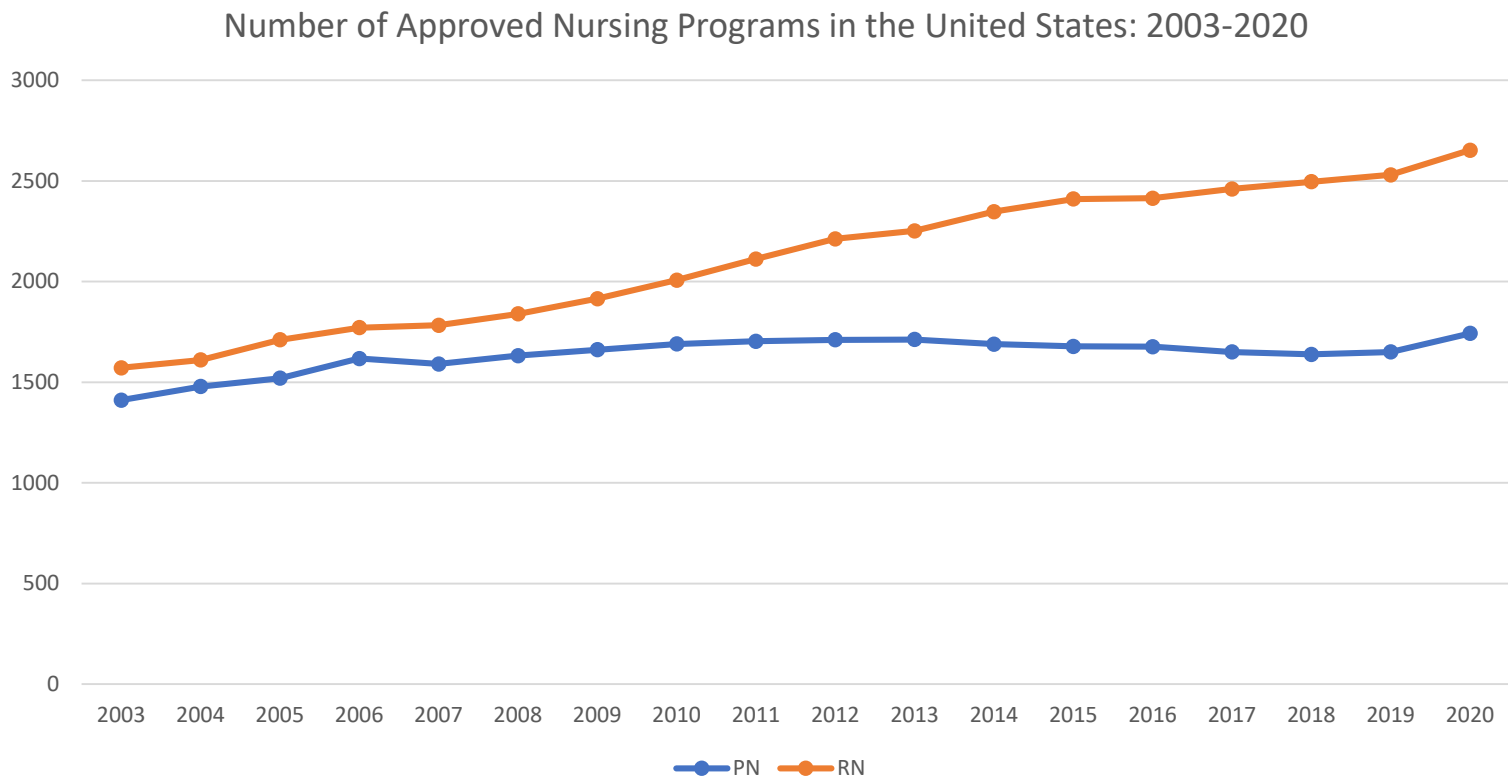
Why do we not have more comprehensive data on APRNs?

- Lack of consistency across states in APRN regulation

Nursing Education



Number of Approved Nursing Programs in the US 2003-2020



Faculty Vacancies

- There are more schools overall with faculty vacancies (n=576) than in 2020 and the previous eleven years.
- Regional data reveals that the Midwest is experiencing the lowest vacancy (7%) compared to the South (8.1%), North Atlantic (8.3%) and West (9%) regions

Faculty

Nursing programs continue to report the same critical issues related to faculty recruitment (McFadden et al., 2021):

- Noncompetitive salaries;
- Finding faculty with the right specialty mix;
- A limited pool of doctorally-prepared faculty;
- Finding faculty willing and able to teach clinical courses;
- Finding faculty willing and able to conduct research;
- High faculty workload.

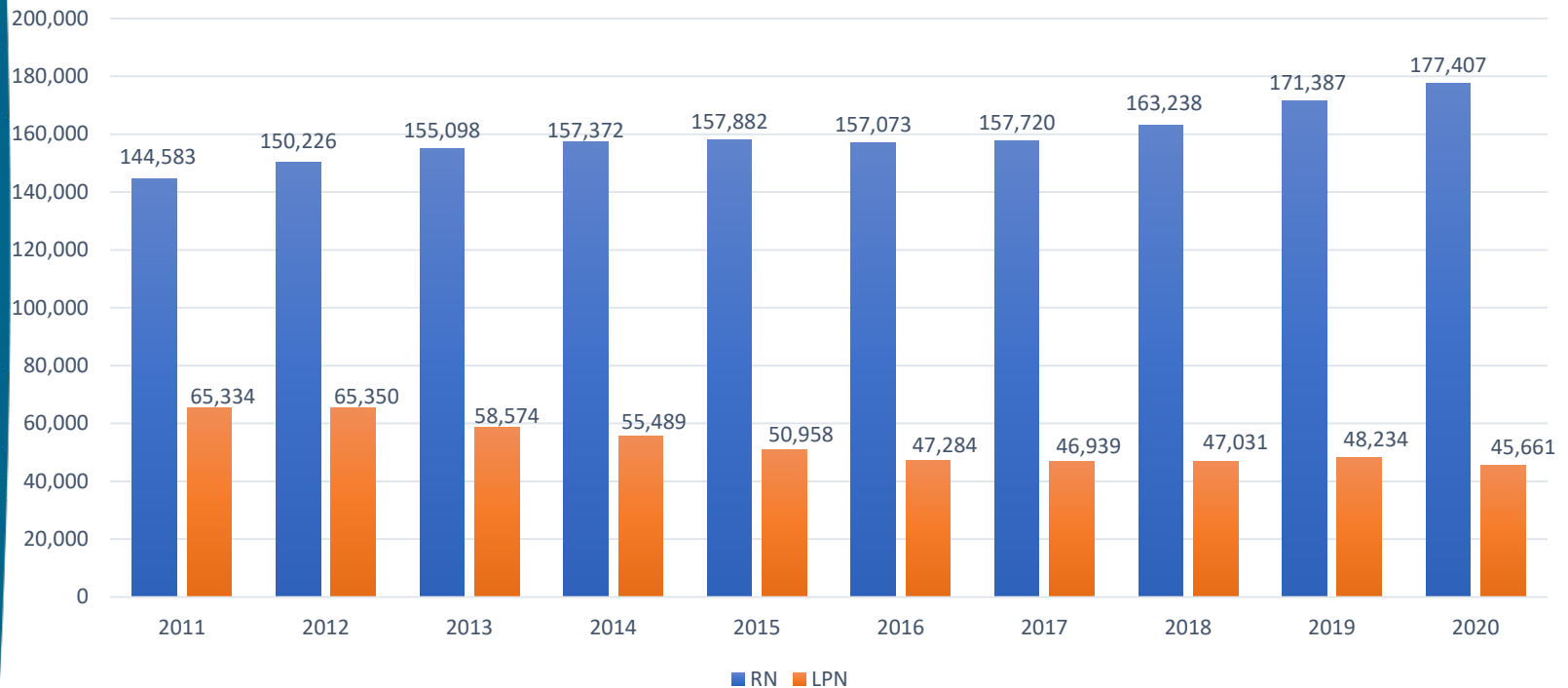
Faculty

- Further notable critical issues concerning faculty recruitment that schools are reporting remain consistent with data from 2020 (McFadden et al., 2021):
 - Challenging location (rural areas or those areas with a high cost of living);
 - Institutional budget cuts or restrictions;
 - Finding faculty who fit well with the school culture;
 - Recruitment from historically underrepresented populations.

Nursing Students



Ten-year Trend of U.S. RN and LPN/LVN First-time NCLEX Takers: 2011-2020



Graduate Enrollment

Increase in enrollments in Master's, Doctoral (research-focused) and Doctor of Nursing Practice (DNP) program levels (4.1%, 0.9% and 8.9%, respectively) despite pandemic-related concerns.

- The American Association of Colleges of Nursing (AACN) Annual Survey 2020-2021 (Fang et al., 2020; Fang et al., 2021)

Diversity

In conjunction with the increase in enrollments and graduations, a small increase was seen from 2019 to 2020 in the percentage of enrollees who are part of an ethnic minority across all three levels of programs

COVID-19 Impact on Students

U.S. studies on the impact of COVID-19 on nursing education revealed concerns by students that that pandemic-based changes in nursing education delivery have left them unprepared for practice.

In Feeg et al.'s (2021a) qualitative survey on the impact of the pandemic, (n=993) students expressed worries about passing the NCLEX.

Likewise, in Emory et al.'s (2021) national survey (n=620) 58% of the students also reported a fear that the changes in learning experiences will affect their success on licensure exams.

Additionally, more than 53% of the students surveyed in Emory et al.'s (2021) study expressed concern that the quality of their care would be affected because of the alternative teaching strategies.

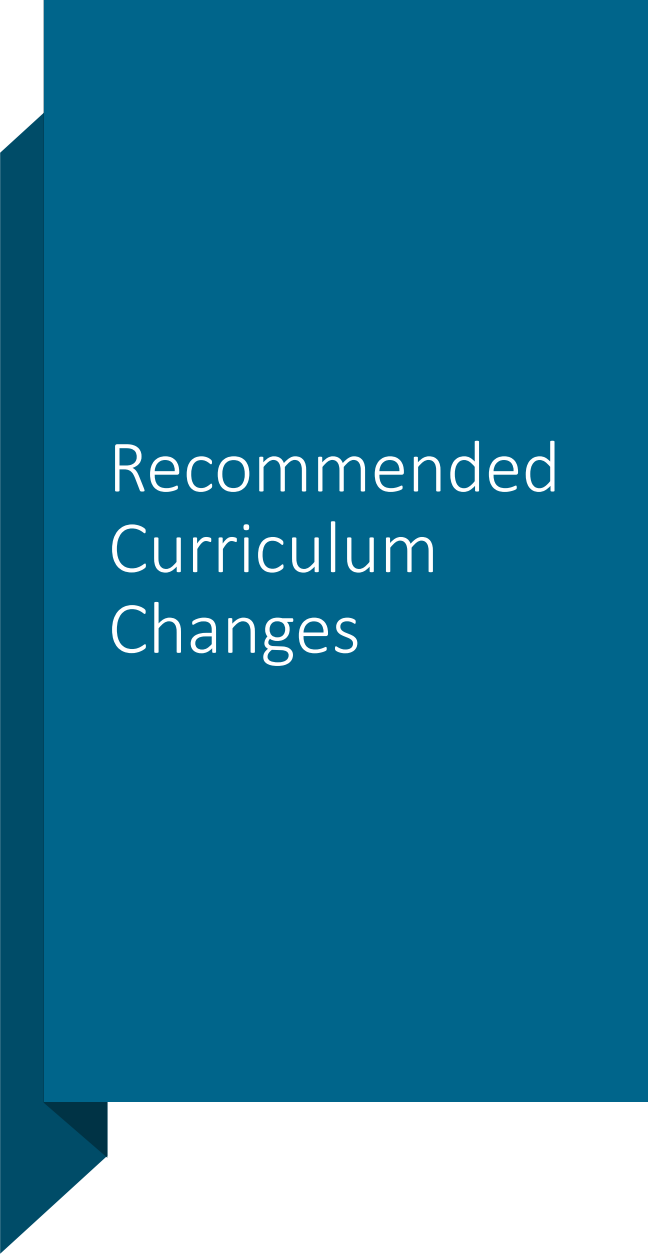
NCLEX Pass Rates 2021

	Pre-Pandemic		During Pandemic	
	2018	2019	2020	2021
RN	88.29% N=163,238	88.18% N=171,387	86.57% N=177,407	82.48 N=185,062
PN	85.91% N=47,031	85.63% N=48,234	83.08% N=45,661	79.60% N=46,356

Practice-Academic Partnerships

Education programs partner formally with institutions to provide hands-on clinical experiences, and sometimes paid employment, to nursing students while still allowing them to earn academic credit for their experiences.

Students are classified as essential workers, rather than as visitors to a clinical site, which means they have access to clinical experiences during a time when many facilities were closed to visitors



Recommended Curriculum Changes

The 2021 National Academies of Science, Engineering, and Medicine report "The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity" asserted that the COVID-19 pandemic highlighted the deficiencies in the nursing workforce's preparedness to respond to public health and other disasters, and identified nursing education as one avenue toward addressing this gap.

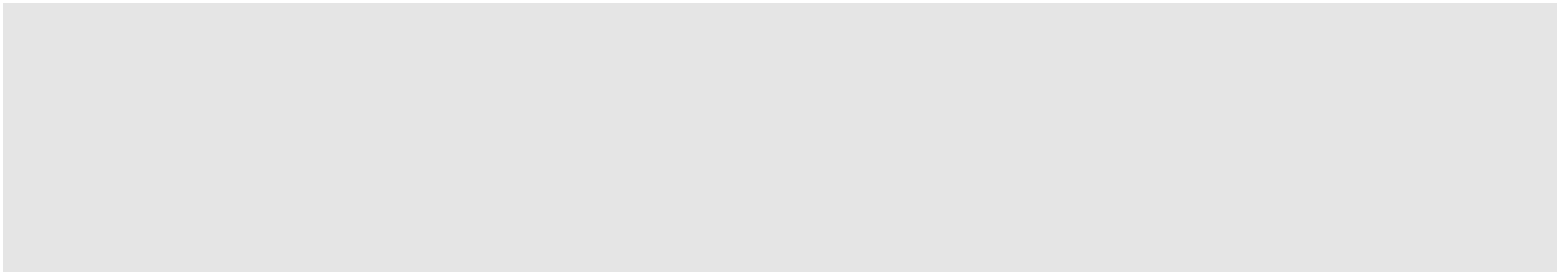
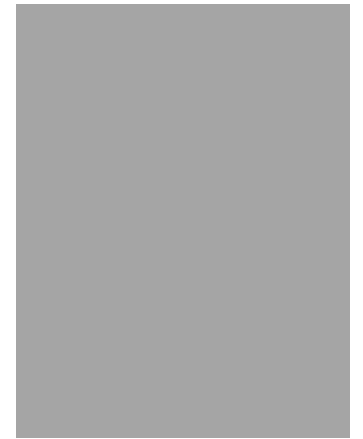
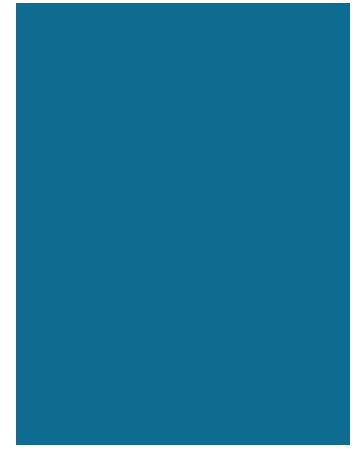
Recommendations

- This deficiency exists not only in the nursing curriculum, but the infrastructure of programs themselves. Michel et al. (2021) noted the lack of emergency preparedness of nursing programs, as evidenced by the haphazard movement to remote teaching and the abrupt removal of students from clinical facilities.
- They suggest that future planning should address how disasters may affect students, their clinical experiences, collaborative agreements and regulatory requirements.

Recommendations

Emory et al. (2021) found that 30.8% of their student respondents reported not having any safety training related to caring for patients with COVID-19. This lack of readiness to care during a disaster was also found globally.

Health Care Delivery



Changes in Health Care Delivery

Telehealth

Virtual care platforms

Remote patient monitoring

Shifting of services from inpatient to outpatient or the office into the home

Workflow redesign

Reconfiguration of delivery systems to accommodate COVID-19 patients

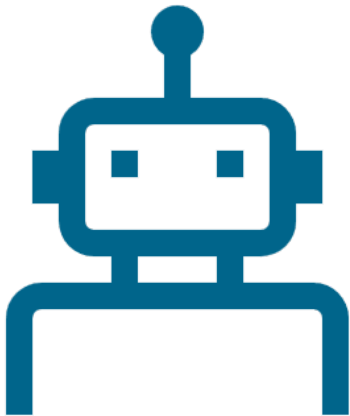
Tracing and vaccine capabilities

Adjusted staffing models

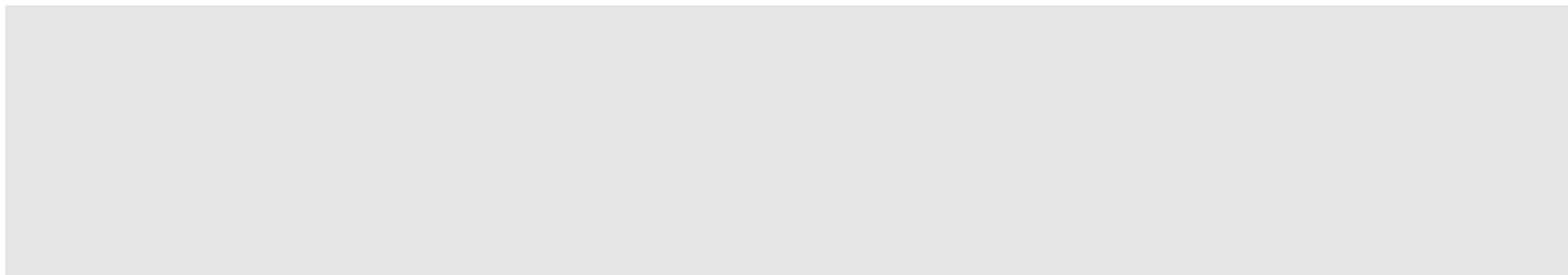
Electronic health record changes to reduce the burden of documentation and order entry

Technology

- Robotics
- Artificial Intelligence



COVID-19



COVID-19 Vaccine Mandates

- COVID-19 vaccine for use in adults ages 16 and over (FDA, 2021).
- Subsequently, the Biden administration announced a rule, finalized in November 2021, requiring all healthcare workers at facilities that participate in Medicare and Medicaid to be vaccinated (Reed, 2021a).
- Even prior to the vaccine approval, many private employers made the decision to require vaccinations as a condition of employment.
- At the time of FDA approval, the American Hospital Association estimated that 35% of hospitals already mandated the COVID-19 vaccine for their staff (Reed, 2021b) and that percentage continued to climb as the federal mandate was drafted and finalized (Reed, 2021b; Hughes, 2021).

- The state requires that “All RIDOH-licensed healthcare providers who work in a healthcare setting must be vaccinated as of October 1st. Those who are not vaccinated by October 1st may be subject to financial penalties and/or suspension/revocation of their license (unless they provide proof of a medical exemption).”



Rhode Island

Governor Kate Brown rescinded the option for healthcare workers to be regularly tested for COVID-19 in lieu of receiving the vaccine, requiring all healthcare workers to be fully vaccinated by October 18 (Brown, 2021).

- In response, the Oregon Board of Nursing issued a temporary rule adding failure to comply with Oregon Health Authority COVID-19 vaccine rules to the list of actions considered conduct unbecoming a licensee in the state's nurse practice act, and that any nurse reported to be not in compliance would be subject to a due-process investigation and possible discipline.
- The board addressed licensee concerns about the impact on the profession by stating that “the Board does not have jurisdictional authority to favor the profession over its role as a state agency and protection of the public” (Oregon Board of Nursing, 2021). The temporary rule will be made permanent if the Oregon Health Authority's rules regarding vaccination are also made permanent.



Oregon

Washington, DC

- Mandated vaccines:
 - The District of Columbia Health Regulation and Licensing Administration made vaccination a requirement of licensure, requiring licensees in all licensed healthcare professions to attest by September 30, 2021 that they had received at least one dose of the COVID-19 vaccine, or face disciplinary action, “including but not limited to suspension, revocation, or non-renewal of said license” (DC Health, 2021).

Impact on Workforce

According to a compiled list of self-reports by health systems as their individual vaccine mandates come into effect, the vast majority of health systems lost approximately one percent, or less, of their workforce through resignations or terminations related to a vaccine mandate at that time (Muonio, 2021).

Additional Issues related to COVID-19

Lack of knowledge COVID-19

Vaccine Hesitancy –
nursing students

Need for vaccine
administration

Misinformation by health
care professionals

Policy Briefs



UNVACCINATED NURSING
STUDENTS



COVID-19 VACCINE
ADMINISTRATION



PRACTICE-ACADEMIC
PARTNERSHIPS



DISSEMINATION OF NON-
SCIENTIFIC AND
MISLEADING INFORMATION

COVID Courses

- Epidemiology and Transmission
- Caring for the patient with COVID-19
- Legal/Ethical Issues
- Hoaxes and Misinformation



Research

National Prelicensure RN Study

- Multi-phase exploration of the impact of COVID-19 on prelicensure nursing education.
 - Baseline BSN/LPN program surveys (Summer 2020)
 - Two-year longitudinal study of prelicensure students in the Spring 2022 cohort (Fall 2020 – Spring 2022)
 - Post-graduation, early career follow-up with new nurse graduates and their direct managers (up to 3 months)
 - Focus groups with administrators, faculty, and students (June 2022)

National Prelicensure RN Study

- ❑ Study examines possible corollaries between changes in program's instructional formats due to COVID-19, student learning, and the preparedness of the spring 2022 new nursing graduate cohort to enter the workforce.
- ❑ In total, there are 55 program sites located across more than 25 states participating.
- ❑ This includes over 700 student and 450 faculty participants.

NCSBN COVID-19 Research Agenda

- National Prelicensure RN Study
- New Nurse Graduate Prelicensure Outcomes Study
- APRN COVID-19 Waiver Impact Study
- The Global Effects of COVID-19 Study
- Impact of Regulatory Changes on the Nursing Workforce (U.S.)

National Nursing Education Database

22 BONs participating as of October 2021

Only existing national database for nursing education

Research

Reports generated allow BONs to identify any areas of weakness in a program/warning signs so that the programs can make changes *before* their approval statuses are affected and their NCLEX pass rates drop.

Allows nurse regulators and nursing education programs to work together and be proactive

Impact of
COVID-19
on the
Nursing
Workforce

Spring 2022

National Nursing
Workforce
Survey

Other NCSBN Initiatives and Research

- National Nursing Database Workforce Collection (E-Notify)
- Nurse ID: Unique Nurse Identifiers
- NCLEX studies

Summary

1. Data suggest that the pandemic will continue to exacerbate the nursing shortage, with nurses not near retirement leaving the profession due to stress and burnout.
2. Just as there has been a rapid shift to remote working, there has been an increase in online nursing education. While this shift exponentially increased because of the pandemic, it may no longer be seen as a temporary solution. The rapid adaption of online learning has paved the way technologically for online content delivery, and this increase may allow more students in remote locations the opportunity to pursue a nursing education (Haslam, 2021).

Summary (Continued)

4. While many believe a curriculum transformation is needed to ensure that nurses of the future are well-prepared to administer care during a pandemic (Morin, 2020), the WHO State of the World's Nursing (2020) report states that undergraduate preparation should focus on primary care, “ensuring quality of care and patient safety, preventing and controlling infections, and combating antimicrobial resistance” (p. 12). Curricula need to be explicit about the nurse's role in “health promotion, health literacy and management of noncommunicable diseases” (p. 13). Preparing nurses for their critical role managing epidemics should be an integral part of the curriculum. In addition, population health should be strengthened. The future healthcare workforce will deal with issues beyond pandemics and will need to be properly prepared to address the health issues of an aging population and those with mental health issues (Morin, 2020).

Summary (Continued)

5. There is a decrease in the number of LPNs/LVNs as well as practical/vocational nurse education programs. This decrease has the potential to severely impact long-term care and home health where LPNs/LVNs are in high demand and provide most of the care. It also indicates a need for support workers to assist in patient care and the development of clinical ladders that will offer a pipeline into the profession.
6. The social determinants of health will continue to be a focus for educators, practitioners, and researchers in the coming years.
7. The NLC and APRN Consensus Model legislation are necessary changes to the 100 year old licensure system
8. Expect technology and robotics to continue to become routine aspects of healthcare delivery. Questions about accountability will arise and need to be addressed. As technology advances, so will telehealth services. Regulators need to stay ahead of the advances to ensure public safety.

Thank you